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7590

06/29/2004

JOHN A ARTZ
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| | |
|----------------------|--------------------|
| Karen A. Hopf | (Depositor's name) |
| <i>Karen A. Hopf</i> | (Signature) |
| July 20, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|--------------------------|---------------------|------------------|
| 09/125,747 | 08/25/1998 | FERNAND NARBEY TOROSSIAN | TORO-0101-PU | 8139 |

TITLE OF INVENTION: IMMUNODULATORY COMPLEX AND USE THEREOF IN HELICOBACTER DISEASES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 09/29/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------------|----------|----------------|
| SHAHNAN SHAH, KHATOL S | 1645 | 514-012000 |

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John A. Artz
 2 Artz & Artz, P.C.
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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- ☐ Advance Order - # of Copies _____

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(Authorized Signature)

(Date)

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 02 FC:1504 300.00 DA

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